

WIC CERTIFICATION CRITERIA

The WIC Certification Criteria for Women, Infants and Children are found in the Clinic Management System (CMS) and on the following WIC Certification Forms. The WIC certification and assessment criteria and nutrition risk assessment policies are consistent with the following:

- USDA, FNS, WIC Nutrition RISK Criteria, WIC Policy Memorandum 2011-5; May 2011.
- USDA, FNS, Value Enhanced Nutrition Assessment (VENA) - WIC Nutrition Assessment Policy, WIC Policy Memorandum 2006-5; March 2006.
- USDA, FNS, Nutrition Risk Criteria, WIC Policy Memorandum 98-9; June 1998.

Nutrition assessment serves as the foundation on which other nutrition services are planned and provided.

This includes:

- Food package assignment;
- Referrals;
- Nutrition education and counseling; and
- Breastfeeding promotion and support.

Value Enhanced Nutrition Education (VENA) begins with the nutrition assessment. Beyond determining WIC eligibility, nutrition assessment is utilized to enhance the interaction between the certifying health professional and WIC participant, link the collected health and diet information to the delivery of participant centered relevant nutrition education, referrals and food package tailoring.

Nutrition assessment and participant centered nutrition education and counseling includes open ended questions to determine what concerns or questions the participant has in regards to her nutrition, child's nutrition, and/or infant's nutrition. Individualized nutrition education counseling is then provided to address the identified questions, concerns and goals.

INSTRUCTIONS FOR COMPLETING WIC CERTIFICATION FORM

1. The WIC Certification WIC- 75 form is completed electronically via the Clinic Management System (CMS), printed and placed in the medical record. If CMS is unavailable, the forms on the following pages are utilized to complete the certification.
2. Ensure patient name and identification number is on the form (may be a label or written on the form).
3. Review health and lifestyle data from the medical record (i.e. height, weight, hemoglobin, etc.). Apply the information to nutrition risk criteria.
4. Interview the applicant/caretaker/proxy for all other criteria on the applicable form incorporating Value Enhanced Nutrition Education Assessment (VENA).
5. Check all boxes in each criterion that apply, and yes or no when applicable (Dietary Concerns).
6. All risks that apply should be indicated on the form.
7. One criterion makes the applicant eligible for risk. One or more shaded areas in Dietary Concerns will qualify the applicant. Although one criterion qualifies the applicant, assessment must be conducted for all eligible risks.
8. Sign and date the form.
9. In the interview, it may be appropriate to gather more information to determine management of a condition. Questions may be asked, such as:
 - a. Is the condition managed by a medical professional?
 - b. Is the condition controlled by diet or medication?
 - c. What was medication prescribed?
 - d. How may contact be made with the professional (if further information for care is needed)?

**WIC Certification**

- ☐ Pregnant
☐ Postpartum
☐ Breastfeeding

Name: _____

ID Number: _____

or

Place PEF label here

Priority listed at end of line for each criterion.**Priority****201 Low Hematocrit/Low Hemoglobin (check one of the following values if appropriate)** P/BF-01 PP-3B

Pregnant	Postpartum/Breastfeeding
<input type="checkbox"/> a Hematocrit \leq 32.9% or Hemoglobin \leq 10.9 gm./dL. (1 st trimester) 0-13 wks <input type="checkbox"/> b Hematocrit \leq 31.9% or Hemoglobin \leq 10.4 gm./dL. (2 nd trimester) 14-26 wks <input type="checkbox"/> c Hematocrit \leq 32.9% or Hemoglobin \leq 10.9 gm./dL. (3 rd trimester) 27-40 wks	<input type="checkbox"/> d Hematocrit \leq 35.6% or Hemoglobin \leq 11.7 gm./dL. (age 12-15) <input type="checkbox"/> e Hematocrit \leq 35.8% or Hemoglobin \leq 11.9 gm./dL. (age 15-18) <input type="checkbox"/> f Hematocrit \leq 35.6% or Hemoglobin \leq 11.9 gm./dL. (age >18)

211 ☐ Elevated Blood Lead (\geq 10 μ g/dL) within the past 12 months P/BF-01 PP-3B**111 Overweight ☐ a Overweight = PPW BMI \geq 25.0** P/BF-01 PP-3B
☐ c Current BMI \geq 25.0 (**BF \geq 6 months delivery**)**101 Underweight ☐ a Underweight = PPW BMI or Current BMI < 18.5** P/BF-01 PP-3B**131,132,133 Inappropriate Weight Gain Pattern** P/BF-01 PP-3B

Low maternal weight gain during 2 nd and 3 rd trimesters, singleton pregnancy: <input type="checkbox"/> Underweight women who gain < 4 lbs./month 131 <input type="checkbox"/> Normal weight women who gain < 3.2 pounds/month <input type="checkbox"/> Overweight women who gain < 2 pounds/month (P only) <input type="checkbox"/> Obese (BMI \geq 30) women who gain < 1.6 pounds/month 132 Weight loss during pregnancy: (Pregnant only) <input type="checkbox"/> any weight loss below pregravid weight during first trimester (0-13 wks.) <input type="checkbox"/> \geq 2 lbs. second or third trimesters (14-40 wk.)	P: Current Pregnancy BF/PP: Last Pregnancy High maternal weight gain during 2 nd and 3 rd trimesters, singleton pregnancy: <input type="checkbox"/> Underweight women who gain > 5.2 lbs./month - 133f <input type="checkbox"/> Normal weight women who gain > 4 pounds/month - 133g <input type="checkbox"/> Overweight women who gain > 2.8 pounds/month- 133h <input type="checkbox"/> Obese (BMI \geq 30) women who gain > 2.4 pounds/month- 133i
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371, 372 Substance Use (check all that apply) P/BF-01 PP-3B

Pregnant 3010	Postpartum 3010	Breastfeeding 3010
<input type="checkbox"/> Any daily smoking of cigarettes, pipes or cigars 371a <input type="checkbox"/> Any alcohol Use 372a <input type="checkbox"/> Any illegal drug use 372b	<input type="checkbox"/> Any daily smoking of cigarettes, pipes or cigars 371c <input type="checkbox"/> Routine use of \geq 2 drinks per day: 1 drink = 1 (12 oz.) can beer or 5 oz. wine or 1 ½ oz. liquor (1 jigger) 372c <input type="checkbox"/> Binge drinking \geq 5 drinks on the same occasion \geq 1 day in the past 30 days 372d <input type="checkbox"/> Heavy drinking \geq 5 drinks on the same occasion on \geq 5 days in the previous 30 days 372e <input type="checkbox"/> Any illegal drug use 372b	<input type="checkbox"/> Any daily smoking of cigarettes, pipes or cigars 371b <input type="checkbox"/> Routine use of \geq 2 drinks per day: 1 drink = 1 (12 oz.) can beer or 5 oz. wine or 1 ½ oz. liquor (1 jigger) 372c <input type="checkbox"/> Binge drinking \geq 5 drinks on the same occasion \geq 1 day in the past 30 days 372d <input type="checkbox"/> Heavy drinking \geq 5 drinks on the same occasion on \geq 5 days in the previous 30 days 372e <input type="checkbox"/> Any illegal drug use 372b

904 ☐ Secondhand Smoke Exposure to smoke from tobacco products inside the home P/BF-01 PP-3B**601a BF Infant/BF Woman at Nutritional Risk Breastfeeding infant has a nutritional risk which qualifies woman** BF-01**602 Breastfeeding Complications (BF woman only) (check all that apply)** BF-01

<input type="checkbox"/> Severe engorgement <input type="checkbox"/> Mastitis (fever or flu-like symptoms with localized breast tenderness)	<input type="checkbox"/> Failure of milk to come in by 4 days after delivery <input type="checkbox"/> Flat or inverted nipples <input type="checkbox"/> Tandem nursing (BF two siblings who are not twins)	<input type="checkbox"/> Cracked, bleeding or severely sore nipples <input type="checkbox"/> \geq 40 years old <input type="checkbox"/> Recurrent plugged ducts
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404.601b ☐ BF Infant/BF Woman with Dietary Concerns Breastfeeding infant qualifies based on dietary concern which qualifies woman BF-04**301, 302, 303 Pregnancy Induced Conditions P/BF-01 PP-3B** **311, 312 Delivery of Premature/LBW Infant P/BF-01 PP-3B**

<input type="checkbox"/> Hyperemesis Gravidarum - P only 301 <input type="checkbox"/> Gestational Diabetes - P only 302 <input type="checkbox"/> History of gestational diabetes 303 <input type="checkbox"/> Preeclampsia or history of 304	P: History for any pregnancy BF/PP: Last pregnancy <input type="checkbox"/> Prematurity 311 <input type="checkbox"/> LBW \leq 5 lb. 8 oz. (wt. _____) 312
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P: History for any pregnancy pregnancy**BF/PP: Last**

- ☐ Fetal death (death ≥ 20 week gestation) 5013.321a
☐ Neonatal death (death within first 28 days of life) 5013.321b

Pregnant only: 321c

- ☐ History of 2 or more spontaneous abortions (spontaneous termination of a gestation at < 20 weeks gestation **or** < 500 grams)

331, 332, 333, 334, 335, 336, 337, 338, 339

General Obstetrical Risk

P/BF-01 PP-3B

P: Current Pregnancy BF/PP: Last Pregnancy

- ☐ Conception ≤ age 17 331
☐ Conception before 16 mo. Postpartum 332
☐ Age < 20 at conception with 3 or more previous pregnancies of ≥ 20 weeks duration 333
☐ Infant with congenital or birth defect 339a
☐ Multiple births 335

Pregnant only

- ☐ Prenatal care beginning after 13th week 334a
☐ Breastfeeding woman now pregnant 338
☐ Fetal Growth Restriction 336
☐ History of Infant/Child with congenital or birth defect 339c

Pregnant only 334b

- ☐ Prenatal care based on the following index:
- | <u>Weeks gestation prenatal visits</u> | <u>#</u> |
|--|--------------|
| 14-21 | 0 or unknown |
| 22-29 | 1 or less |
| 30-31 | 2 or less |
| 32-33 | 3 or less |
| ≥ 34 | 4 or less |

Pregnant/Breastfeeding/Postpartum

- ☐ LGA infant ≥ 9 lbs./4000 grams or history of LGA infant 337

Nutrition/Metabolic Conditions (check all that apply)

P/BF-01 PP-3B

☐ **Lactose Intolerance 355****Glucose Disorders:** ☐ Pre-Diabetes 363 (PP/BF only)

- ☐ Diabetes Mellitus 343 ☐ Hypoglycemia 356

Thyroid Disorders: ☐ Hypothyroidism 344a ☐ Hyperthyroidism 344b

- ☐ Congenital Hyperthyroidism.344a ☐ congenital Hypothyroidism 344b
☐ Postpartum Thyroiditis.344c

Cancer: 347 ☐ Cancer ☐ Treatment for Cancer**Hypertension:** ☐ Chronic 345a ☐ Prehypertension (130/80-139/89) 345c ☐ Gestational Hypertension 345b**Central Nervous System Disorders:**

- 348** ☐ Epilepsy
☐ Cerebral Palsy ☐ Spina Bifida
☐ Myelomeningocele ☐ Neural tube defects
☐ Parkinson's disease ☐ Multiple SCrosis

Renal disease: ☐ Pyelonephritis ☐ Persistent proteinuria 346 ☐ Any renal disease **except** UTI**Genetic/Congenital Disorders: 349** ☐ Short bowel syndrome

- ☐ Sickle Cell Anemia ☐ Cleft lip/palate ☐ Gastroschisis
☐ Thalassemia Major ☐ Down's syndrome ☐ Omphalocele
☐ Intestinal atresia ☐ Esophageal atresia ☐ Diaphragmatic hernia
☐ Tracheo-esophageal fistula ☐ Hirschsprung's Disease
☐ Muscular Dystrophy

Infectious Diseases (present in last 6 mo.):352

- ☐ Parasitic infections ☐ Hepatitis ☐ HIV/AIDS
☐ Pneumonia ☐ Meningitis ☐ Tuberculosis

☐ **Food allergies - List: 353****Celiac Disease:** ☐ Celiac Sprue ☐ Gluten Enteropathy 354 ☐ Non-tropical Sprue☐ **Drug/Nutrient Interactions – Specify: 357****Recent Major Surgery, Trauma, Burns: 359**

- ☐ Any occurrence within past two (≤ 2) months severe enough to compromise nutritional status.
☐ Occurrence > 2 months with continued need for nutrition documented by MD/DO/APRN/PA

Other Medical Conditions: 360

- ☐ Juvenile Rheumatoid Arthritis (JRA)
☐ Cardiorespiratory diseases ☐ Heart disease ☐ Cystic fibrosis
☐ Lupus erythematosus ☐ Persistent asthma requiring daily medication

Nutrient Deficiency Diseases: 341

- ☐ Scurvy
☐ Hypocalcemia
☐ Rickets ☐ Cheilosis ☐ Beri Beri ☐ Pellegra
☐ Xerophthalmia ☐ Vitamin K Deficiency ☐ Osteomalacia
☐ Protein Energy Malnutrition (PEM) ☐ Menkes Disease

GI Disorders: 342 ☐ Crohn's disease ☐ Ulcerative colitis

- ☐ Liver disease ☐ Inflammatory bowel disease ☐ Pancreatitis
☐ Gallbladder disease ☐ Malabsorption syndromes
☐ Small bowel enterocolitis/syndrome ☐ Stomach/intestinal ulcers
☐ Gastroesophageal reflux (GER) ☐ Peptic ulcers
☐ Post-bariatric surgery ☐ Biliary tract diseases

Inborn Errors of Metabolism: 351

- ☐ **Amino Acid Metabolism Disorders:** •Phenylketonuria •Maple Syrup Urine disease •Homocystinuria •Tyrosinemia
☐ **Carbohydrate Disorders:** Galactosemia •Glycogen Storage Disease type I •Glycogen Storage Disease type II (Pomp Disease) •Glycogen Storage Disease type III •Glycogen Storage Disease type IV (Andersen Disease) •Glycogen Storage Disease type V •Glycogen Storage Disease type VI)
☐ **Fatty Acid Oxidation Defects:** •Medium-chain acyl-CoA dehydrogenase deficiency • Long-Chain 3-hydroxyacyl-CoA-dehydrogenase deficiency •Trifunctional protein deficiency type 1 (LCHAD deficiency) •Trifunctional protein deficiency type 2 (mitochondrial trifunctional protein deficiency)
•Carnitine uptake defect (primary carnitine deficiency) •Very long-chain acyl-CoA dehydrogenase deficiency
☐ **Organic Acid Disorders:** •Isovaleric academia •3-methylcrotonyl-CoA carboxylase deficiency •Glutaric academia type I •Glutaric academia type II •3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency •Multiple carboxylase deficiency (Biotinidase deficiency, Holocarboxylase synthetase deficiency) •Methylmalonic academia •Propionic academia •Beta-ketothiolase deficiency
☐ **Lysosomal Storage Disease:** •Fabry disease(α-galactosidase A deficiency) •Gauchers disease (glucocerebrosidase deficiency) •Pompe disease (glycogen storage disease Type II or Acid α-glucosidase deficiency)
☐ **Mitochondrial disorders:** •Leber hereditary optic neuropathy •Mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes (MELAS), •Mitochondrial neurogastrointestinal encephalopathy disease (MNGIE) •Myoclonic epilepsy with ragged-red fibers (MERRF) •Neuropathy, ataxia, and retinitis pigmentosa (NARP)
•Pyruvate carboxylase deficiency
☐ **Peroxisomal Disorders:** •Zwilleweger Syndrome Spectrum
•Adrenoleukodystrophy (x-ALD)
☐ **Urea Cycle Disorders:** •Citrullinemia •Argininosuccinic aciduria
•Carbamoyl phosphate synthetase I deficiency

902 Impaired Ability to Prepare Food (check all that apply) P/BF-04 PP-06

Applicant's primary caregiver:

- ☐ ≤ 17 years of age 902a
☐ Mentally disabled/delayed/mental illness/clinical Depression/Post-Partum Depression 902b
☐ Physically disabled which restricts/limits food preparation abilities 902c
☐ Currently using or history of abusing alcohol/other Drugs 902d

361,362 Complications which Impair Nutrition (check all that apply)

P/BF-01 PP-3B

- | | |
|---|--|
| <input type="checkbox"/> Minimal brain function | <input type="checkbox"/> Difficulty accepting new foods/↓ food selection |
| <input type="checkbox"/> Head trauma | <input type="checkbox"/> Restricted food intake due to color/texture/temperature |
| <input type="checkbox"/> Brain damage | <input type="checkbox"/> Delays/disabilities which restrict ability to chew/swallow/require tube feeding |
| <input type="checkbox"/> Depression/Post-Partum Depression | <input type="checkbox"/> Difficulty taking multivitamin/mineral supplement |
| <input type="checkbox"/> Pervasive development disorder (PDD) | <input type="checkbox"/> Autism |
| | <input type="checkbox"/> Difficulty with changes in mealtime environment |

381 Dental Problems

P/BF 01/PP-3B

- ☐ Tooth decay 381a ☐ Periodontal disease 381d ☐ Gingivitis of pregnancy (**Pregnant only**) 381b
☐ Missing more than 7 teeth or ineffectively replaced teeth which impair ability to ingest food 381c

401 Presumed Dietary Risk

Only use this risk when no other risk is present

P/BF-04 PP-06

Women who meet the eligibility requirements of income, category and residency may be presumed to be at nutrition risk based on failure to meet the Dietary Guidelines.

427 Feeding Practices

P/BF-04 PP-06

Do you eat such foods as: (**Pregnant only**) 427.5a-j

Yes No

- | | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | raw fish or shell fish | Yes | No | If pregnant, do you take < 30 mg. iron each day? 427.4a |
| <input type="checkbox"/> | <input type="checkbox"/> | smoked seafood that has not been cooked | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | raw or undercooked meat or poultry | <input type="checkbox"/> | <input type="checkbox"/> | If pregnant or breastfeeding, do you take < 150 µg of iodine each day? 427.4c |
| <input type="checkbox"/> | <input type="checkbox"/> | refrigerated paté or meat spreads | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | lightly cooked egg products; ie., sauces, homemade egg nog | <input type="checkbox"/> | <input type="checkbox"/> | Do you take > 1 dose/day of a multivitamin, single vitamin, mineral supplement, herbal teas/remedies not recommended by MD/DO/APRN/PA? 427.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | raw sprouts (alfalfa, clover, radish) | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | unpasteurized fruit or vegetable juices | <input type="checkbox"/> | <input type="checkbox"/> | Do you eat ashes, baking soda, burnt matches, carpet fibers, chalk, cigarettes, clay, dirt, dust, laundry starch, cornstarch, large quantities of ice or freezer frost, paint chips or other non-food items? 427.3 |
| <input type="checkbox"/> | <input type="checkbox"/> | hot dogs, cold cuts, deli meats that have not been heated | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | raw/undercooked eggs such as in cookie dough or cake batter | <input type="checkbox"/> | <input type="checkbox"/> | If BF/PP do you take a multivitamin/supplement with 400 mcgs. Folic acid every day? 427.4b |
| <input type="checkbox"/> | <input type="checkbox"/> | unpasteurized milk/milk products or soft cheeses such as Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela | Yes | No | |

427 Inappropriate Nutrient Intake

P/BF- 04 PP-06

427.2a Do you avoid all animal products – meat (beef, pork, chicken, turkey), fish, eggs, milk, cheese, yogurt or other dairy products? ☐ Yes ☐ No

427.2b Is your diet highly restrictive in calories or specific nutrients? ☐ Yes ☐ No

358 Eating Disorders ☐ a Anorexia Nervosa ☐ b Bulimia ☐ c Controls weight by self-starvation, vomiting, drugs, purgative abuse

P/BF-1 PP-3B

901 ☐ Recipient of Abuse Battering, physical assault within the past six months.

P/BF-04 PP-06

903 Foster Care Determine if during the previous six (6) months:

P/BF-04 PP-06

- ☐ has entered the foster care system 903a ☐ has been moving from one foster home to another 903b

801 ☐ Homelessness Homeless

P/BF-04 PP-06

802 ☐ Migrancy Migrant

P/BF-04 PP-06

**** What concerns or questions does the participant have in regards to her nutrition?**

Signature: _____ **Date:** _____



WIC Certification Infant

Name: _____

ID Number: _____

or

Place PEF label here

Priority listed at end of line for each criterion.**Priority**

201g	<input type="checkbox"/> Low Hematocrit/Low Hemoglobin -Hematocrit \leq 32.8% or Hemoglobin \leq 10.9 gm./dL. (9 months or older)	01
211	<input type="checkbox"/> Elevated Blood Lead \geq 10 μ g/dL. within past 12 months Only if data is available from another source	01
152	<input type="checkbox"/> Low Head Circumference \leq 2.3 rd percentile head circumference for age as plotted on CDC birth to 24 month growth chart (age adjusted) Only if data is available from another source.	01
142	<input type="checkbox"/> Prematurity at \leq 37 weeks gestation (age adjusted)	01
141	Low Birth Weight/Very Low Birth Weight (age adjusted)	01
	<input type="checkbox"/> Birth weight \leq 5 lb. 8 oz./2500 grams (LBW) 141a <input type="checkbox"/> Birth weight \leq 3 lb. 5 oz./1500 grams (VLBW) 2050.141b	
114	At Risk for Overweight	01
	<input type="checkbox"/> biological mother reports BMI \geq 30 at conception or during 1 st trimester <input type="checkbox"/> biological father reports BMI \geq 30	
115	<input type="checkbox"/> High Weight for Length \geq 97.7 th percentile weight/length on CDC Birth to 24 month growth chart	01
103a	<input type="checkbox"/> At Risk for Underweight $>2.3^{\text{rd}}$ to \leq 5th percentile weight for length on CDC Birth to 24 month growth chart	01
103b	<input type="checkbox"/> Underweight \leq 2.3 rd percentile weight for length on CDC Birth to 24 month growth chart	01
121a	<input type="checkbox"/> At Risk for Short Stature $>2.3^{\text{rd}}$ to \leq 5th percentile length for age on CDC Birth to 24 month growth chart	01
121b	<input type="checkbox"/> Short Stature \leq 2.3 rd percentile length for age on CDC Birth to 24 month growth chart (age adjusted)	01
151	Growth Problems <input type="checkbox"/> a Small for Gestational Age (SGA) (age adjusted)	
	<input type="checkbox"/> b Large for Gestational Age (LGA) birth weight \geq 9 lbs/4,000 gm	01
134,135	Inappropriate Weight Gain Pattern	01
	<input type="checkbox"/> Failure to Thrive (FTT) (age adjusted) 134 <input type="checkbox"/> Not back to birth weight by 2 weeks 135 <input type="checkbox"/> Lost $>$ 10% from birth to 1 month 135	
904	<input type="checkbox"/> Secondhand Smoke Exposure to smoke from tobacco products inside the home	01
601a	<input type="checkbox"/> BF Infant/BF Woman at Nutritional Risk Breastfeeding woman has a nutritional risk which qualifies infant	01
602	Breastfeeding Complications (check all that apply)	01
<input type="checkbox"/> Jaundice	<input type="checkbox"/> Weak or ineffective suck	Inadequate stooling for age: <input type="checkbox"/> \leq 6 days old with $<$ 2 stools/day <input type="checkbox"/> 7-28 days with $<$ 5 stools/day <input type="checkbox"/> 29 days or older with $<$ 1 every 4 days
<input type="checkbox"/> $<$ 6 wet diapers per day	<input type="checkbox"/> Difficulty latching onto breast	
601b	<input type="checkbox"/> BF Infant/BF Woman with Dietary Concerns Breastfeeding woman qualifies based on dietary concern which qualifies infant	04
701	<input type="checkbox"/> Infant of a WIC Mother/Mother at Risk Mother who had risk and could have qualified during this preg. (up to 6 mo. old)	02
703	Infant of a Mother with Complications which Impair Nutrition <input type="checkbox"/> Intellectual Disability	
	<input type="checkbox"/> Alcohol/illegal drug use during last preg.	01

<input type="checkbox"/> Lactose Intolerance 355 <input type="checkbox"/> Prehypertension (90th-95th for blood pressure) 345d Glucose Disorders: <input type="checkbox"/> Diabetes Mellitus 343 <input type="checkbox"/> Hypoglycemia 356 Thyroid Disorders: <input type="checkbox"/> Hypothyroidism 344a <input type="checkbox"/> Hyperthyroidism 344b <input type="checkbox"/> Congenital Hyperthyroidism 344a <input type="checkbox"/> congenital Hypothyroidism 344b Cancer: 347 <input type="checkbox"/> Cancer <input type="checkbox"/> Treatment for Cancer	Nutrient Deficiency Diseases: 341 <input type="checkbox"/> Scurvy <input type="checkbox"/> Hypocalcemia <input type="checkbox"/> Rickets <input type="checkbox"/> Cheilosis <input type="checkbox"/> Beri Beri <input type="checkbox"/> Pellegra <input type="checkbox"/> Xerophthalmia <input type="checkbox"/> Vitamin K Deficiency <input type="checkbox"/> Osteomalacia <input type="checkbox"/> Protein Energy Malnutrition (PEM) <input type="checkbox"/> Menkes Disease
Central Nervous System Disorders: 348 <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Myelomeningocele <input type="checkbox"/> Neural tube defects <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Multiple Sclerosis	GI Disorders: 342 <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> GER <input type="checkbox"/> Liver disease <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Gallbladder disease <input type="checkbox"/> Malabsorption syndromes <input type="checkbox"/> Small bowel enterocolitis/syndrome <input type="checkbox"/> Stomach/intestinal ulcers <input type="checkbox"/> Peptic ulcers <input type="checkbox"/> Post-bariatric surgery <input type="checkbox"/> Biliary tract diseases
Renal Disease: 346 <input type="checkbox"/> Pyelonephritis <input type="checkbox"/> Persistent proteinuria <input type="checkbox"/> Any renal disease except UTI	Inborn Errors of Metabolism: 351 <input type="checkbox"/> Amino Acid Metabolism Disorders: •Phenylketonuria •Maple Syrup Urine disease •Homocystinuria •Tyrosinemia <input type="checkbox"/> Carbohydrate Disorders: Galactosemia •Glycogen Storage Disease type I •Glycogen Storage Disease type II (Pomp Disease) •Glycogen Storage Disease type III •Glycogen Storage Disease type IV (Andersen Disease) •Glycogen Storage Disease type V •Glycogen Storage Disease type VI) <input type="checkbox"/> Fatty Acid Oxidation Defects: •Medium-chain acyl-CoA dehydrogenase deficiency •Long-Chain 3-hydroxyacyl-CoA-dehydrogenase deficiency •Trifunctional protein deficiency type 1 (LCHAD deficiency) •Trifunctional protein deficiency type 2 (mitochondrial trifunctional protein deficiency) •Carnitine uptake defect (primary carnitine deficiency) •Very long-chain acyl-CoA dehydrogenase deficiency <input type="checkbox"/> Organic Acid Disorders: •Isovaleric academia •3-methylcrotonyl-CoA carboxylase deficiency •Glutaric academia type I •Glutaric academia type II •3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency •Multiple carboxylase deficiency (Biotinidase deficiency, Holocarboxylase synthetase deficiency) •Methylmalonic academia •Propionic academia •Beta-ketothiolase deficiency <input type="checkbox"/> Lysosomal Storage Disease: •Fabry disease (α-galactosidase A deficiency) •Gaucher's disease (glucocerebrosidase deficiency) •Pompe disease (glycogen storage disease Type II or Acid α-glucosidase deficiency) <input type="checkbox"/> Mitochondrial disorders: •Leber hereditary optic neuropathy •Mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes (MELAS), •Mitochondrial neurogastrointestinal encephalopathy disease (MNGIE) •Myoclonic epilepsy with ragged-red fibers (MERRF) •Neuropathy, ataxia, and retinitis pigmentosa (NARP) •Pyruvate carboxylase deficiency <input type="checkbox"/> Peroxisomal Disorders: •Zellweger Syndrome Spectrum •Adrenoleukodystrophy (x-ALD) <input type="checkbox"/> Urea Cycle Disorders: •Citrullinemia •Argininosuccinic aciduria •Carbamoyl phosphate synthetase I deficiency
Infectious Diseases (present in last 6 mo.): 352 <input type="checkbox"/> Parasitic infections <input type="checkbox"/> Hepatitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Meningitis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Bronchiolitis (3 episodes in last 6 months) <input type="checkbox"/> Food Allergies – List: 353	
Genetic/Congenital Disorders: 349 <input type="checkbox"/> Short bowel syndrome <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Cleft lip/palate <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Thalassemia Major <input type="checkbox"/> Down's syndrome <input type="checkbox"/> Omphalocele <input type="checkbox"/> Intestinal atresia <input type="checkbox"/> Esophageal atresia <input type="checkbox"/> Diaphragmatic hernia <input type="checkbox"/> Tracheo-esophageal fistula <input type="checkbox"/> Hirschsprung's Disease <input type="checkbox"/> Muscular Dystrophy	
Celiac Disease: <input type="checkbox"/> Celiac Sprue <input type="checkbox"/> Gluten Enteropathy 354 <input type="checkbox"/> Non-tropical Sprue	
<input type="checkbox"/> Drug/Nutrient Interactions – Specify: 357	
Recent Major Surgery, Trauma, Burns: 359 <input type="checkbox"/> Any occurrence within ≤ 2 months severe enough to compromise nutritional status. <input type="checkbox"/> Occurrence > 2 months with continued need for nutrition documented by MD/DO/APRN/PA	
Other Medical Conditions: 360 <input type="checkbox"/> Lupus erythematosus <input type="checkbox"/> Cardiorespiratory diseases <input type="checkbox"/> Heart disease <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Juvenile Rheumatoid Arthritis (JRA) <input type="checkbox"/> Persistent asthma requiring daily medication <input type="checkbox"/> Others – State Agency approval	

902 Impaired Ability to Prepare Food

04

Applicant's primary caregiver is (check all that apply):
☐ ≤ 17 years of age 902a
☐ Mentally disabled/delayed/mental illness/clinical Depression/Post-Partum Depression 902b
☐ Currently using /history of abusing alcohol/other drugs 902d
☐ Physically disabled which restricts/limits food preparation Abilities 902c

361,362 Complications which Impair Nutrition (check all that apply)

01

<input type="checkbox"/> Minimal brain function	<input type="checkbox"/> Difficulty accepting new foods/↓ food selection
<input type="checkbox"/> Head trauma	<input type="checkbox"/> Restricted food intake due to color/texture/temperature
<input type="checkbox"/> Brain damage	<input type="checkbox"/> Delays/disabilities which restrict ability to chew/swallow/require tube feeding 362
<input type="checkbox"/> Birth Injury	<input type="checkbox"/> Difficulty taking multivitamin/mineral supplement
<input type="checkbox"/> Pervasive development disorder (PDD) depression 361	<input type="checkbox"/> Autism
	<input type="checkbox"/> Difficulty with changes in mealtime environment

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby take formula? If yes, formula name: _____
<input type="checkbox"/>	<input type="checkbox"/>	Iron-fortified formula 411.1a
<input type="checkbox"/>	<input type="checkbox"/>	Low iron formula without iron supplement 411.1a
		Type of formula: <input type="checkbox"/> Concentrate <input type="checkbox"/> Ready-to-feed <input type="checkbox"/> Powder How is formula mixed? 411.6a <input type="checkbox"/> Overdilution <input type="checkbox"/> Underdilution <input type="checkbox"/> By prescription <input type="checkbox"/> Failure to follow specific instructions accompanying prescription
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby fed less than 16 ounces of formula in 24 hours? 411.4d
<input type="checkbox"/>	<input type="checkbox"/>	Are cereals or other foods added to the baby's bottle? 411.2e
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby drink milk (fresh, whole, skim, 1%, 2%, low-fat, nonfat, goat, sheep, imitation (Vitamite, Toddler's Best, nondairy creamer), substitute (Alba 77, Slim Fast, rice or soy based beverage, homemade formula), evaporated, sweetened condensed)? 411.1c
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby drink sweetened drinks or other liquids: fruit juice, tea, kool aid, soda pop, jello water, Gatorade, Hi C, fruit punch, sweetened water (sugar, corn syrup, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Does the baby drink more than 6 ounces of juice in a day? 411.3
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby eat high calorie/low nutrient foods such as desserts, cakes, cookies, candy, fried foods, lunch meat? 411.8c
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby eat foods like hot dogs, pieces of fruit, nuts, raisins, hard candy, raw carrots? 411.4a
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is honey, sugar or syrup put in the foods or liquids which are fed to the baby or put on the baby's pacifier? 411.5h
Age Group		Yes No Does baby consume: 428
Less than 4 months		<input type="checkbox"/> <input type="checkbox"/> Solid food such as cereals, mashed potatoes, eggs, gravy?
7 months old or more		<input type="checkbox"/> <input type="checkbox"/> Solid food from a spoon?
		<input type="checkbox"/> <input type="checkbox"/> Infant cereal?
		<input type="checkbox"/> <input type="checkbox"/> Meats?
		<input type="checkbox"/> <input type="checkbox"/> Vegetables?
8 months		<input type="checkbox"/> <input type="checkbox"/> Does the baby use fingers when eating? 411.4d
Less than 12 months		<input type="checkbox"/> <input type="checkbox"/> Fruits? 411.4d
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby eat:
<input type="checkbox"/>	<input type="checkbox"/>	• Undercooked or raw tofu? 411.5a
<input type="checkbox"/>	<input type="checkbox"/>	• Deli meats, hot dogs not cooked until steaming hot? 411.5b
<input type="checkbox"/>	<input type="checkbox"/>	• Raw vegetable sprouts (alfalfa, bean, clover, radish)? 411.5c
<input type="checkbox"/>	<input type="checkbox"/>	• Raw or undercooked meat, fish, poultry or eggs? 411.5d
<input type="checkbox"/>	<input type="checkbox"/>	• Unpasteurized milk or milk products? 411.5e
<input type="checkbox"/>	<input type="checkbox"/>	• Soft cheeses such as Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela 411.5f
<input type="checkbox"/>	<input type="checkbox"/>	• Unpasteurized fruit or vegetable juices 411.5g
<input type="checkbox"/>	<input type="checkbox"/>	• Honey added to liquids, solid foods, used in cooking, in processed foods, or on pacifier?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby breastfed? Taking <400 IU per day vitamin D (Exclusively breastfed infant or infant taking <32 oz of formula per day) 411.11a
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby fed only breastmilk? If no, continue to next box.
<input type="checkbox"/>	<input type="checkbox"/>	If under 2 months old, does the baby eat less than 8 times in 24 hours? 411.7a
<input type="checkbox"/>	<input type="checkbox"/>	If 2 months old or older, does the baby eat less than 6 times in 24 hours? 411.7b
<input type="checkbox"/>	<input type="checkbox"/>	Fed on a schedule rather than on demand?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is a bottle of water given in place of a bottle of formula or breastmilk or do you restrict the amount of foods? 411.4c
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you or the baby's caretaker:
<input type="checkbox"/>	<input type="checkbox"/>	• Hold fresh breastmilk in refrigerator for > 72 hours? 411.9i
<input type="checkbox"/>	<input type="checkbox"/>	• Add fresh breastmilk to already frozen breastmilk in a storage container? 411.9j
<input type="checkbox"/>	<input type="checkbox"/>	• Feed previously frozen breastmilk thawed in refrigerator for more than 24 hours? 411.9k
<input type="checkbox"/>	<input type="checkbox"/>	• Save breastmilk from a used bottle for another feeding? 411.9l
<input type="checkbox"/>	<input type="checkbox"/>	• Thaw breastmilk in the microwave? 411.9
<input type="checkbox"/>	<input type="checkbox"/>	• Express breast milk from a pump that has not been cleaned per manufacturer's instructions? 411.9
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby take a bottle:
<input type="checkbox"/>	<input type="checkbox"/>	• Propped in the mouth? 411.2a
<input type="checkbox"/>	<input type="checkbox"/>	• At nap or sleeps with bottle in mouth? 411.2b
<input type="checkbox"/>	<input type="checkbox"/>	• With fruit juice? 411.2c
<input type="checkbox"/>	<input type="checkbox"/>	• Without restriction? 411.2d
<input type="checkbox"/>	<input type="checkbox"/>	• From a bottle that has not been properly cleaned? 411.9
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does the baby drink more than a cup (8 ounces) of water in 24 hours?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 6 months or older with a family history of food allergies, does the baby drink city water, take a fluoride supplement or drink fluoridated water? 428
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you or the baby's caretaker:
<input type="checkbox"/>	<input type="checkbox"/>	Have a safe water supply (documented)? 411.9a
<input type="checkbox"/>	<input type="checkbox"/>	Have a stove for sterilizing bottles and water? 411.9b
<input type="checkbox"/>	<input type="checkbox"/>	Have a refrigerator or freezer for storage of breastmilk or formula? 411.9c
<input type="checkbox"/>	<input type="checkbox"/>	Have limited knowledge on preparation, handling or storage of formula or breastmilk? 7012.411.9d
<input type="checkbox"/>	<input type="checkbox"/>	Feed the baby formula held at room temperature > 2 hours? 411.9e
<input type="checkbox"/>	<input type="checkbox"/>	Feed the baby formula left in refrigerator >48 hours? 411.9f
<input type="checkbox"/>	<input type="checkbox"/>	Use leftover formula from an earlier feeding? 411.9g
<input type="checkbox"/>	<input type="checkbox"/>	Give the baby vitamin, multi-vitamin or mineral supplements, herbal teas/remedies not recommended by MD/DO/APRN/PA? 411.10
<input type="checkbox"/>	<input type="checkbox"/>	Wash hands with soap and water after using the bathroom, changing diapers, and before meals or before preparing formula or bottles of breastmilk? 411.9h
<input type="checkbox"/>	<input type="checkbox"/>	Require the baby to eat a certain type and/or amount of food or ignore infant hunger cues? 411.4b
<input type="checkbox"/>	<input type="checkbox"/>	Routinely fed a vegan diet, macrobiotic diet or diet very low in calories/essential nutrients? 411.8
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the baby getting Well Child check-ups? If yes, list Doctor or facility:

381a Dental Problem ☐ Baby Bottle Tooth Decay

01

382 Other Health Risk ☐ Fetal Alcohol Syndrome (FAS)

01

901 ☐ Recipient of Abuse Abuse (emotional or physical) and/or neglect within the past six months

04

903 Foster Care Determine if during the previous six (6) months:

04

☐ a has entered the foster care system ☐ b has been moving from one foster home to another

801 ☐ Homelessness Homeless

04

802 ☐ Migrancy Migrant

04

****What concerns or questions does the parent/caretaker have in regards to the infant's nutrition/feeding the infant?**

Signature:_____ **Date**_____



**WIC Certification
Child Age 1-5**

Name: _____

ID Number: _____

or

Place PEF label here

Priority listed at end of line for each criterion.

Priority

201	Low Hematocrit/Low Hemoglobin (check one of the following values if appropriate)	3A		
	<table border="1"><tr><td>Age 1 to 2 1010.201g <input type="checkbox"/> Hematocrit $\leq 32.8\%$ or Hemoglobin ≤ 10.9 gm./dL.</td><td>Age 2 to 5 1010.201h <input type="checkbox"/> Hematocrit $\leq 32.9\%$ or Hemoglobin ≤ 11.0 gm./dL.</td></tr></table>	Age 1 to 2 1010.201g <input type="checkbox"/> Hematocrit $\leq 32.8\%$ or Hemoglobin ≤ 10.9 gm./dL.	Age 2 to 5 1010.201h <input type="checkbox"/> Hematocrit $\leq 32.9\%$ or Hemoglobin ≤ 11.0 gm./dL.	
Age 1 to 2 1010.201g <input type="checkbox"/> Hematocrit $\leq 32.8\%$ or Hemoglobin ≤ 10.9 gm./dL.	Age 2 to 5 1010.201h <input type="checkbox"/> Hematocrit $\leq 32.9\%$ or Hemoglobin ≤ 11.0 gm./dL.			
211	<input type="checkbox"/> Elevated Blood Lead (≥ 10 μ g/dL) within the past 12 month (only if data is available from another source)	3A		
152	<input type="checkbox"/> Low Head Circumference $\leq 2.3^{\text{rd}}$ percentile head circumference for age as plotted on CDC birth to 24 month growth chart (up to age 2, age adjusted), (Only if data is available from another source).	3A		
142	<input type="checkbox"/> Prematurity Birth at ≤ 37 weeks or less gestation (up to age 2, age adjusted)	3A		
141	Low Birth Weight/Very Low Birth Weight (age adjusted)	3A		
	<table border="1"><tr><td><input type="checkbox"/> Birth weight ≤ 5 lb. 8 oz./2500 grams(LBW)(up to age 2) 141a</td><td><input type="checkbox"/> Birth weight ≤ 3 lb. 5 oz./1500 grams (VLBW) (up to age 2) 141b</td></tr></table>	<input type="checkbox"/> Birth weight ≤ 5 lb. 8 oz./2500 grams(LBW)(up to age 2) 141a	<input type="checkbox"/> Birth weight ≤ 3 lb. 5 oz./1500 grams (VLBW) (up to age 2) 141b	
<input type="checkbox"/> Birth weight ≤ 5 lb. 8 oz./2500 grams(LBW)(up to age 2) 141a	<input type="checkbox"/> Birth weight ≤ 3 lb. 5 oz./1500 grams (VLBW) (up to age 2) 141b			
114	At Risk for Overweight	3A		
	<table border="1"><tr><td><input type="checkbox"/> biological mother reports BMI ≥ 30 (if mother is pregnant or had baby within the past 6 months, use her PPW BMI)</td><td><input type="checkbox"/> biological father reports BMI ≥ 30</td></tr></table>	<input type="checkbox"/> biological mother reports BMI ≥ 30 (if mother is pregnant or had baby within the past 6 months, use her PPW BMI)	<input type="checkbox"/> biological father reports BMI ≥ 30	
<input type="checkbox"/> biological mother reports BMI ≥ 30 (if mother is pregnant or had baby within the past 6 months, use her PPW BMI)	<input type="checkbox"/> biological father reports BMI ≥ 30			
113,114,115	Obese/Overweight/High Weight for Length	3A		
	<input type="checkbox"/> Obese (Age 2-5): $\geq 95^{\text{th}}$ percentile BMI as plotted on CDC 2-20 year growth chart (standing height measurement) 113			
	<input type="checkbox"/> Overweight (Age 2-5): $> 85^{\text{th}}$ percentile or $< 95^{\text{th}}$ percentile BMI as plotted on CDC 2-20 year growth chart (standing height measurement) 114			
	<input type="checkbox"/> High Weight for Length (up to age 2, age adjusted): $\geq 97.7^{\text{th}}$ percentile weight/length on CDC Birth to 24 month growth chart 115			
103	At Risk for Underweight	3A		
	<table border="1"><tr><td><input type="checkbox"/> $> 2.3^{\text{rd}}$ to $\leq 5^{\text{th}}$ percentile weight/length on CDC Birth to 24 month growth chart (up to age 2, age adjusted)</td><td><input type="checkbox"/> $> 5^{\text{th}}$ to $\leq 10^{\text{th}}$ percentile BMI for age as plotted on CDC 2-20 year growth chart (age 2 to 5)</td></tr></table>	<input type="checkbox"/> $> 2.3^{\text{rd}}$ to $\leq 5^{\text{th}}$ percentile weight/length on CDC Birth to 24 month growth chart (up to age 2, age adjusted)	<input type="checkbox"/> $> 5^{\text{th}}$ to $\leq 10^{\text{th}}$ percentile BMI for age as plotted on CDC 2-20 year growth chart (age 2 to 5)	
<input type="checkbox"/> $> 2.3^{\text{rd}}$ to $\leq 5^{\text{th}}$ percentile weight/length on CDC Birth to 24 month growth chart (up to age 2, age adjusted)	<input type="checkbox"/> $> 5^{\text{th}}$ to $\leq 10^{\text{th}}$ percentile BMI for age as plotted on CDC 2-20 year growth chart (age 2 to 5)			
103	Underweight	3A		
	<table border="1"><tr><td><input type="checkbox"/> $\leq 2.3^{\text{rd}}$ percentile weight for length on CDC Birth to 24 month growth chart (up to age 2, age adjusted)</td><td><input type="checkbox"/> $\leq 5^{\text{th}}$ percentile BMI for age as plotted on CDC 2-20 year growth chart (age 2 to 5)</td></tr></table>	<input type="checkbox"/> $\leq 2.3^{\text{rd}}$ percentile weight for length on CDC Birth to 24 month growth chart (up to age 2, age adjusted)	<input type="checkbox"/> $\leq 5^{\text{th}}$ percentile BMI for age as plotted on CDC 2-20 year growth chart (age 2 to 5)	
<input type="checkbox"/> $\leq 2.3^{\text{rd}}$ percentile weight for length on CDC Birth to 24 month growth chart (up to age 2, age adjusted)	<input type="checkbox"/> $\leq 5^{\text{th}}$ percentile BMI for age as plotted on CDC 2-20 year growth chart (age 2 to 5)			
121	At Risk for Short Stature	3A		
	<table border="1"><tr><td><input type="checkbox"/> $> 2.3^{\text{rd}}$ to $\leq 5^{\text{th}}$ percentile length for age on CDC Birth to 24 month growth chart (up to age 2, age adjusted)</td><td><input type="checkbox"/> $> 5^{\text{th}}$ to $\leq 10^{\text{th}}$ percentile height/stature for age as plotted on CDC 2-20 year growth chart (age 2 to 5)</td></tr></table>	<input type="checkbox"/> $> 2.3^{\text{rd}}$ to $\leq 5^{\text{th}}$ percentile length for age on CDC Birth to 24 month growth chart (up to age 2, age adjusted)	<input type="checkbox"/> $> 5^{\text{th}}$ to $\leq 10^{\text{th}}$ percentile height/stature for age as plotted on CDC 2-20 year growth chart (age 2 to 5)	
<input type="checkbox"/> $> 2.3^{\text{rd}}$ to $\leq 5^{\text{th}}$ percentile length for age on CDC Birth to 24 month growth chart (up to age 2, age adjusted)	<input type="checkbox"/> $> 5^{\text{th}}$ to $\leq 10^{\text{th}}$ percentile height/stature for age as plotted on CDC 2-20 year growth chart (age 2 to 5)			
121	Short Stature	3A		
	<table border="1"><tr><td><input type="checkbox"/> $\leq 2.3^{\text{rd}}$ percentile length for age on CDC Birth to 24 month growth chart (up to age 2, age adjusted)</td><td><input type="checkbox"/> $\leq 5^{\text{th}}$ percentile height/stature for age as plotted on CDC 2-20 year growth chart (age 2 to 5)</td></tr></table>	<input type="checkbox"/> $\leq 2.3^{\text{rd}}$ percentile length for age on CDC Birth to 24 month growth chart (up to age 2, age adjusted)	<input type="checkbox"/> $\leq 5^{\text{th}}$ percentile height/stature for age as plotted on CDC 2-20 year growth chart (age 2 to 5)	
<input type="checkbox"/> $\leq 2.3^{\text{rd}}$ percentile length for age on CDC Birth to 24 month growth chart (up to age 2, age adjusted)	<input type="checkbox"/> $\leq 5^{\text{th}}$ percentile height/stature for age as plotted on CDC 2-20 year growth chart (age 2 to 5)			
151	<input type="checkbox"/> Growth Problems Small for Gestational Age (SGA up to age 2) (age adjusted)	3A		
134	<input type="checkbox"/> Inappropriate Weight Gain Pattern Failure to Thrive (FTT) (age adjusted)	3A		
904	<input type="checkbox"/> Secondhand Smoke Exposure to smoke from tobacco products inside the home	3A		

<input type="checkbox"/> Lactose Intolerance 355 <input type="checkbox"/> Hypertension 345 <input type="checkbox"/> Prehypertension (90th-95th for blood pressure) 345d Glucose Disorders: <input type="checkbox"/> Diabetes Mellitus 343 <input type="checkbox"/> Hypoglycemia 356 Thyroid Disorders: <input type="checkbox"/> Hypothyroidism 344a <input type="checkbox"/> Hyperthyroidism 344b <input type="checkbox"/> Congenital Hyperthyroidism 344a <input type="checkbox"/> congenital Hypothyroidism 344b	Nutrient Deficiency Diseases: 341 <input type="checkbox"/> Scurvy <input type="checkbox"/> Hypocalcemia <input type="checkbox"/> Rickets <input type="checkbox"/> Cheilosis <input type="checkbox"/> Beri Beri <input type="checkbox"/> Pellegra <input type="checkbox"/> Xerophthalmia <input type="checkbox"/> Vitamin K Deficiency <input type="checkbox"/> Osteomalacia <input type="checkbox"/> Protein Energy Malnutrition (PEM) <input type="checkbox"/> Menkes Disease
Cancer: 347 <input type="checkbox"/> Cancer <input type="checkbox"/> Treatment for Cancer Central Nervous System Disorders: 348 <input type="checkbox"/> Epilepsy <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Myelomeningocele <input type="checkbox"/> Neural tube defects <input type="checkbox"/> Parkinson's disease <input type="checkbox"/> Multiple Sclerosis	GI Disorders: 342 <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> Liver disease <input type="checkbox"/> Inflammatory bowel disease <input type="checkbox"/> Pancreatitis <input type="checkbox"/> Gallbladder disease <input type="checkbox"/> Malabsorption syndromes <input type="checkbox"/> Small bowel enterocolitis/syndrome <input type="checkbox"/> Stomach/intestinal ulcers <input type="checkbox"/> Gastroesophageal reflux (GER) <input type="checkbox"/> Peptic ulcers <input type="checkbox"/> Post-bariatric surgery <input type="checkbox"/> Biliary tract diseases
Renal Disease: 346 <input type="checkbox"/> Pyelonephritis <input type="checkbox"/> Persistent proteinuria <input type="checkbox"/> Any renal disease except UTI Genetic/Congenital Disorders: 349 <input type="checkbox"/> Short bowel syndrome <input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Cleft lip/palate <input type="checkbox"/> Gastroschisis <input type="checkbox"/> Thalassemia Major <input type="checkbox"/> Down's syndrome <input type="checkbox"/> Omphalocele <input type="checkbox"/> Intestinal atresia <input type="checkbox"/> Esophageal atresia <input type="checkbox"/> Diaphragmatic hernia <input type="checkbox"/> Tracheo-esophageal fistula <input type="checkbox"/> Hirschsprung's Disease <input type="checkbox"/> Muscular Dystrophy Infectious Diseases (present in last 6 mo.): 352 <input type="checkbox"/> Parasitic infections <input type="checkbox"/> Hepatitis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Pneumonia <input type="checkbox"/> Meningitis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Bronchiolitis (3 episodes in last 6 months) up to age 2 <input type="checkbox"/> Food Allergies - List: 353	Inborn Errors of Metabolism: 351 <input type="checkbox"/> Amino Acid Metabolism Disorders: •Phenylketonuria •Maple Syrup Urine disease •Homocystinuria •Tyrosinemia <input type="checkbox"/> Carbohydrate Disorders: Galactosemia •Glycogen Storage Disease type I •Glycogen Storage Disease type II (Pomp Disease) •Glycogen Storage Disease type III •Glycogen Storage Disease type IV (Andersen Disease) •Glycogen Storage Disease type V •Glycogen Storage Disease type VI) <input type="checkbox"/> Fatty Acid Oxidation Defects: •Medium-chain acyl-CoA dehydrogenase deficiency •Long-Chain 3-hydroxyacyl-CoA dehydrogenase deficiency •Trifunctional protein deficiency type 1 (LCHAD deficiency) •Trifunctional protein deficiency type 2 (mitochondrial trifunctional protein deficiency) •Carnitine uptake defect (primary carnitine deficiency) •Very long-chain acyl-CoA dehydrogenase deficiency <input type="checkbox"/> Organic Acid Disorders: •Isovaleric academia •3-methylcrotonyl-CoA carboxylase deficiency •Glutaric academia type I •Glutaric academia type II •3-hydroxy-3-methylglutaryl-coenzyme A lyase deficiency •Multiple carboxylase deficiency (Biotinidase deficiency, Holocarboxylase synthetase deficiency) •Methylmalonic academia •Propionic academia •Beta-ketothiolase deficiency <input type="checkbox"/> Lysosomal Storage Disease: •Fabry disease (α-galactosidase A deficiency) •Gauchers disease (glucocerebrosidase deficiency) •Pompe disease (glycogen storage disease Type II or Acid α-glucosidase deficiency) <input type="checkbox"/> Mitochondrial disorders: •Leber hereditary optic neuropathy •Mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes (MELAS), •Mitochondrial neurogastrointestinal encephalopathy disease (MNGIE) •Myoclonic epilepsy with ragged-red fibers (MERRF) •Neuropathy, ataxia, and retinitis pigmentosa (NARP) •Pyruvate carboxylase deficiency <input type="checkbox"/> Peroxisomal Disorders: •Zellweger Syndrome Spectrum •Adrenoleukodystrophy (x-ALD) <input type="checkbox"/> Urea Cycle Disorders: •Citrullinemia •Argininosuccinic aciduria •Carbamoyl phosphate synthetase I deficiency
Celiac Disease: <input type="checkbox"/> Celiac Sprue <input type="checkbox"/> Gluten Enteropathy 354 <input type="checkbox"/> Non-tropical Sprue <input type="checkbox"/> Drug/Nutrient Interactions – Specify: 357	
Other Medical Conditions: 360 <input type="checkbox"/> Heart disease <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Cardiorespiratory diseases <input type="checkbox"/> Juvenile Rheumatoid Arthritis (JRA) <input type="checkbox"/> Lupus erythematosus <input type="checkbox"/> Persistent asthma requiring daily medication <input type="checkbox"/> Others – State Agency approval:	
Recent Major Surgery, Trauma, Burns: 359 <input type="checkbox"/> Any occurrence within ≤ 2 months severe enough to compromise nutritional status. <input type="checkbox"/> Occurrence > 2 months with continued need for nutrition documented by MD/APRN/PA	

902 Impaired Ability to Prepare Food age 1-2 5A/age 2-5 5B	Complications which Impair Nutrition (check all that apply) 3A
Applicant's primary caregiver is (check all that apply) : <input type="checkbox"/> ≤ 17 years of age 6020.902a <input type="checkbox"/> Mentally disabled/delayed/mental illness/clinical Depression/Post-Partum Depression 6020.902b <input type="checkbox"/> Currently using/history of abusing alcohol/other drugs d <input type="checkbox"/> Physically disabled which restricts/limits food preparation Abilities 6020.902c	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Minimal brain function <input type="checkbox"/> Head trauma <input type="checkbox"/> Brain damage <input type="checkbox"/> Birth Injury <input type="checkbox"/> Depression 361 <input type="checkbox"/> Pervasive development disorder (PDD) </div> <div style="width: 48%;"> <input type="checkbox"/> Difficulty accepting new foods/↓ food selection <input type="checkbox"/> Restricted food intake due to color/texture/temperature <input type="checkbox"/> Delays/disabilities which restrict ability to chew/swallow/require tube feeding 362 <input type="checkbox"/> Difficulty taking multivitamin/mineral supplement <input type="checkbox"/> Autism <input type="checkbox"/> Difficulty with changes in mealtime environment </div> </div>

6040	Dental Problems	3A
<input type="checkbox"/> Baby Bottle Tooth Decay 381a <input type="checkbox"/> Tooth decay 381a <input type="checkbox"/> Periodontal disease 381d <input type="checkbox"/> Missing more than 7 teeth or ineffectively replaced teeth which impair ability to ingest food 381c		

382	Other Health Risk <input type="checkbox"/> Fetal Alcohol Syndrome (FAS)	3A
-----	--	----

401	Presumed Dietary Risk Only use this risk when no other risk is present for age 2 and older	age 2-5 5B
Children age 2 and older who meet the eligibility requirements of income, category and residency may be presumed at nutrition risk based on failure to meet the Dietary Guidelines		

7012 Feeding Practices (will qualify with one or more of the following shaded answers)			age 1-2 5A	age 2-5 5B
Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Does your child eat or drink: • Raw fish or shellfish 425.5a • Raw or undercooked meat or poultry 425.5b • Raw or lightly cooked or undercooked egg products such as: sauces, homemade eggnog, cookie dough, cake batter 425.5c • Raw sprouts (alfalfa, clover, radish) 425.5d • Unpasteurized fruit or vegetable juices 425.5e • Hot dogs, cold cuts, deli meats that have not been heated until steaming hot 425.5f • Unpasteurized milk or milk products, soft cheeses such as feta, Camembert, bleu cheese, Stilton, queso blanco, queso fresco or Panela 425.5g	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Does the child take a bottle: • Propped in the mouth? 425.3a • At nap or sleeps with bottle in mouth? 425.3b • With sweetened drinks (tea, soda pop, Gatorade, Hi C, fruit punch, kool aid) or fruit juice, diluted cereal? 425.3c • Beyond 14 months of age? 425.3d • Without restriction or as a pacifier? 425.3e
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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